

6/ Suppl. Declaration
J. D. Larkin
#39-99

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PTO/SB/04 (12-97)
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**SUPPLEMENTAL
DECLARATION FOR UTILITY
OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Attorney Docket Number	10733.215A
First Named Inventor	DANYLUK, Steven
COMPLETE IF KNOWN	
Application Number	08 / 971,101
Filing Date	November 14, 1997
Group Art Unit	2856
Examiner Name	LARKIN, D

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NON-VIBRATING CAPACITANCE PROBE FOR WEAR MONITORING

the specification of which (Title of the Invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 11/14/1997 as United States Application Number or PCT International

Application Number 08/971,101 and was amended on (MM/DD/YYYY) (if applicable).

I hereby declare that the subject matter of the ☐ attached amendment ☐ amendment filed on was part of my or our invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

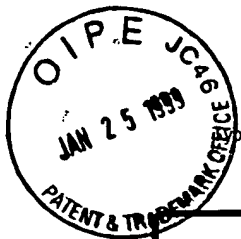
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/030,814	11/14/1997	

[Page 1 of 2]

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SUPPLEMENTAL DECLARATION -- UTILITY OR DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ Correspondence address below

Name	Laurence P. Colton, Deveau, Colton & Marquis				
Address	Two Midtown Plaza, Suite 1400				
Address	1360 Peachtree Street, N.E.				
City	Atlanta	State	GA	ZIP	30309-3209
Country	USA	Telephone	(404) 875-3555	Fax	(404) 875-8505

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname			
Steven		Danyluk			
Inventor's Signature					Date
Residence: City	Atlanta	State	GA	Country	USA
Post Office Address	3535 Grove Gate Lane				
Post Office Address					
City	Atlanta	State	GA	ZIP	30339
Country	USA				

☐ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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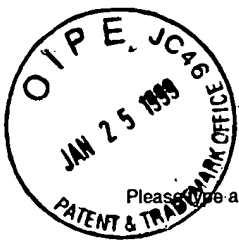


DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kenneth M.				Hammall			
Inventor's Signature		<i>Kenneth M Hammall</i>		Date		12/2/98	
Residence: City		Westchester		State OH		Country USA	
Post Office Address		8179 Desoto Drive, Sev. 10		TECHNOLOGY CENTER 2800		99 JAN 27 PM 1:1	
Post Office Address							
City		Westchester		State OH		ZIP 45069	
Country		USA					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Elmer				Zanoria			
Inventor's Signature		<i>Elmer Zanoria</i>		Date		12/22/98	
Residence: City		Peoria		State IL		Country USA	
Citizenship		Philippines					
Post Office Address		7150 N. Terra Vista Drive, Apartment 910					
Post Office Address							
City		Peoria		State IL		ZIP 61614	
Country		USA					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Lennox				Reid			
Inventor's Signature		<i>Lennox E. Reid Jr</i>		Date		1/4/99	
Residence: City		Houston		State TX		Country USA	
Citizenship		U.S.					
Post Office Address		14915 Little Leaf Ct.					
Post Office Address							
City		Houston		State TX		ZIP 77082	
Country		USA					

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Anatoly L.				Zharin				
Inventor's Signature						Date	12/14/1998	
Residence: City	Minsk	State		Country	Belarus	Citizenship	Belarus	
Post Office Address	Byelorussian PM Assoc.						RECEIVED 99 JAN 27 PM 1:11 TECHNOLOGY CENTER 2800	
Post Office Address	Platonova Str. 41							
City	Minsk	State		ZIP	220832	Country		Belarus
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature						Date		
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature						Date		
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

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